

# Retroactive OPSEU Pay Equity Payment Request for Former Staff

Please complete this form and save a copy for your records.  
Then submit this form to Human Resources using the "Submit" button at the bottom of this form.

## Employee Information:

First Name:	Last Name:	Employee ID Number:	Date of Birth:
<hr/>	<hr/>	<hr/>	<hr/> YYYY-MM-DD
Social Insurance Number:	Former Employee:	Retired:	Date Last Worked:
<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> YYYY-MM-DD
Home Address:	City:		Postal Code:
<hr/>	<hr/>		<hr/>
Home/Cell Number:	Personal Email Address:		
<hr/>	<hr/>		
Union:			
<input type="checkbox"/> OPSEU			
Last Position Title:	Last Position Status:		
<hr/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Casual		

☐ I confirm I am a former employee or retiree of St. Joseph's Healthcare Hamilton and I am requesting review of my past earnings in light of potential retroactive payments owed to me.

Employee Signature:

Date:

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YYYY-MM-DD

- Please submit this form using the "**Submit**" button below.
- Check the **Sent Items** Folder in your e-mail application to verify this request was sent.
- If you are working **outside of the SJHH Network**, or are having trouble submitting this form, please save a copy of form on your computer and e-mail this form as an attachment to Human Resources, at [Compensation@stjoes.ca](mailto:Compensation@stjoes.ca).